

KMC

PATENT COOPERATION TREATY

From the RECEIVING OFFICE

PCT

To:

JULIE R. DAULTON  
MERCHANT & GOULD P.C.  
P.O. BOX 2903  
MINNEAPOLIS, MINNESOTA 55402-0903

NOTIFICATION CONCERNING PAYMENT  
OF PRESCRIBED FEES

(PCT Rules 14, 15 and 16 and Administrative  
Instructions, Sections 102bis(c), 304,  
323(b), 707(b) and 803)

Date of mailing  
(day/month/year) 20 May 2004

Applicant's or agent's file reference  
758.1511WOU1 ✓

PAYMENT DUE  
see item 3 for time limits

International application No.  
PCT/US2004/007927

International filing date/Date of receipt  
(day/month/year) 17 Mar 2004

Priority date (day/month/year)  
18 Mar 2003

Applicant  
DONALDSON COMPANY, INC.

1. The applicant is hereby notified that this receiving Office has received:

- ☒ the payment of all the prescribed fees, and ☐ an overpayment, which will be refunded in due course.  
☐ no or insufficient payment of the prescribed fees and the applicant is hereby invited to pay the balance due, as summarized under item 2, within the time limit(s) indicated under item 3.

2. Fees and payment calculation:

3,565.00                      3,565.00                      0.00  
Total fees payable                      Amount paid                      Balance

☐ The details of the calculation are given in the Annex.

3. Time limit(s) for payment and amount(s) payable (Rules 14.1, 15.4 and 16.1(f)):

- ☐ within ONE MONTH from the date of receipt of the international application (for the transmittal fee (if any), the search fee and the international filing fee). The amount payable for each fee is the amount applicable on the date of receipt of the international application.  
☐ within 16 MONTHS from the priority date (only for the fee for priority document). The applicant's attention is drawn to the fact that the request made by the applicant under Rule 17.1(b) will be considered not to have been made unless the fee is paid within that time limit.

4. Additional observations (if necessary):

- ☐ The search copy will not be transmitted to the International Searching Authority until the search fee is paid (therefore the start of the international search will be delayed) (Rule 23.1(a) and (b)).

Name and mailing address of the receiving Office  
Mail Stop PCT, Commissioner for Patents  
P.O. Box 1450, Alexandria, VA 22313-1450  
Facsimile No. 703-305-3230

Authorized officer

Barbara Fridle

Telephone No. 703-3053747

62

**ANNEX TO FORM PCT/RO/102  
CALCULATION OF THE PRESCRIBED FEES**

International application No.  
PCT/US2004/007927

**[T] Transmittal Fee**

Prescribed amount: . . . . . 300.00 [T]  
Amount paid: . . . . . 300.00  
Balance: . . . . . = 0.00

☒ correct amount  
☐ overpayment  
☐ balance due

**[S] Search Fee**

Prescribed amount: . . . . . 1,818.00 [S]  
Amount paid: . . . . . 1,818.00  
Balance: . . . . . = 0.00

☒ correct amount  
☐ overpayment  
☐ balance due

**[I] International Filing Fee**

Fixed amount for first 30 sheets: . . . . . 1,035.00 [i1]

$\frac{32}{\text{Number of sheets in excess of 30}} \times \frac{11.00}{\text{Fee per sheet}} = 352.00 [i2]$

Additional component: . . . 400 x  $\frac{0.00}{\text{Fee per sheet}} = 0.00 [i3]$

Reduction where the international application is filed  
(See PCT Applicant's Guide, Volume I, General Part,  
for details on the availability of this reduction):

using the PCT-EASY software: . . . . . 0.00 [r]

or

in electronic form where the text of the  
description, claims and abstract is not in  
character coded format: . . . . . 0.00 [r]

or

in electronic form where the text of the  
description, claims and abstract is in character  
coded format: . . . . . 0.00 [r]

Sub-total: . . . . . = 1,387.00 [i1+i2+i3-r]

Prescribed total amount (The amount to be entered at I is the sub-total  
entered at (i1+i2+i3-r), except where the applicant is (or all applicants  
are) entitled to a reduction of 75%, in which case the amount to be  
entered at I is 25% of the sub-total (i1+i2+i3-r); certain applicants from  
certain States are entitled to a reduction of 75% of the international  
filing fee; see Notes to the Fee Calculation Sheet as annexed to the  
Request Form, PCT/RO/101, for details): . . . . .

. . . . . = 1,387.00 [I]

Amount paid: . . . . . 1,387.00

Balance: . . . . . = 0.00

☒ correct amount  
☐ overpayment  
☐ balance due

**[P] Fee for Priority Document**

Prescribed amount: . . . . . 60.00 [P]

Amount paid: . . . . . 60.00

Balance: . . . . . = 0.00

☒ correct amount  
☐ overpayment  
☐ balance due